STUDENTS' CORNER
LETTER TO THE EDITOR

Insights from managing rare complications in systemic lupus erythematosus: Lessons from Felty syndrome

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Dear Editor, Systemic lupus erythematosus (SLE) is a complex autoimmune disorder characterised by small artery vasculitis, haematologic disorders, renal involvement, and neurological disorders. Managing these complications remains a significant challenge for clinicians. Similarly, Felty Syndrome (FS), a rare complication of rheumatoid arthritis (RA), presents difficulties in treatment.[1] The management of FS has improved in the recent past, especially when TNF was discovered and when genomic targetting was applied to the disease, and this is knowledge that could be used on SLE. This is the rationale behind our letter, wherein we formulate a new approach that assimilates aspects of FS into the strategies used in managing SLE.[2]

One promising area where FS management strategies could be integrated in SLE treatment is through the interconnection of genomic potentials. In FS, specific molecular biomarkers, such as the HLA-DR4 variant, have been proven to predict the results of the given disease and its response to the treatment; one of them is the MHC class II HLA-DR4 variant.[3] Consequently, comparable genomic data could be employed better for identifying patients with SLE with an increased probability of critical outcomes. The process of genomic screening could be integrated into managing patients with SLE to ensure that physicians have enhanced opportunities to prevent adverse outcomes.

Targetted biological therapies, including JAK inhibitors and anti-cytokine agents, have shown efficacy in FS, supporting their potential applicability in SLE treatment.[4] In FS management, specific drugs are selected based on patient characteristics, reducing unnecessary immunosuppressive exposure. A similar precision medicine approach in SLE, using B-cell-depleting agents and complement inhibitors tailored to individual patient profiles, could improve therapeutic outcomes while minimising adverse effects.[4] This selective approach is practical for the intended target and reduces the harmful effects of immunosuppressive exposure from broad-spectrum exposure. Furthermore, FS management emphasises a multidisciplinary and biopsychosocial approach, which could be beneficial in SLE care. Given the multisystemic nature of SLE, collaboration between rheumatologists, haematologists, and infectious disease specialists is essential to address both primary disease manifestations and associated complications comprehensively.[1]

Although FS is a relatively rare complication of RA, its management principles may offer valuable insights into treating complex autoimmune diseases such as SLE. This letter highlights the potential role of advanced genomic discoveries, targetted immunotherapies, and multidisciplinary care in optimising SLE treatment. Further research is warranted to determine whether these strategies can enhance patient outcomes in SLE and related autoimmune disorders.

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